



Send completed forms
to DOH Communicable
Disease Epidemiology
Fax: 206-361-2930

Campylobacteriosis

County _____

LHJ Use ID _____
☐ **Reported to DOH** Date ____/____/____
LHJ Classification ☐ **Confirmed**
☐ **Probable**
By: ☐ **Lab** ☐ **Clinical**
☐ **Other:** _____
Outbreak # (LHJ) _____ **(DOH)** _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ **Confirmed**
☐ **Probable**
☐ **No count; reason:** _____

REPORT SOURCE

Initial report date ____/____/____
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA

- ☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: _____
☐ ☐ ☐ ☐ Bloody Diarrhea
☐ ☐ ☐ ☐ Abdominal cramps or pain
☐ ☐ ☐ ☐ Nausea
☐ ☐ ☐ ☐ Vomiting
☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): _____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Clinical Findings

Y N DK NA

- ☐ ☐ ☐ ☐ Guillain-Barre syndrome
☐ ☐ ☐ ☐ Reactive arthritis

Hospitalization

Y N DK NA

- ☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ Died from illness Death date ____/____/____
☐ ☐ ☐ ☐ Autopsy

Laboratory

Collection date ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ **Campylobacter species isolation**

Campylobacter species: _____

NOTES

INFECTION TIMELINE

Enter onset date (first
sx) in heavy box.
Count forward and
backward to figure
probable exposure and
contagious periods

Days from
onset:

Exposure period

-10 -1

o
n
s
e
t

Contagious period

weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Destinations/Dates: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

- ☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____

- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
☐ ☐ ☐ ☐ Congregate living Type:
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____

- ☐ ☐ ☐ ☐ Poultry
Undercooked: ☐ Y ☐ N ☐ DK ☐ NA

- ☐ ☐ ☐ ☐ Handled raw poultry
☐ ☐ ☐ ☐ Unpasteurized milk (cow)
☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)

Y N DK NA

- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/Location: _____

- ☐ ☐ ☐ ☐ Source of home drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____

- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

- ☐ ☐ ☐ ☐ Case or household member lives or works on farm/dairy

- ☐ ☐ ☐ ☐ Exposure to pets
Was the pet sick? ☐ Y ☐ N ☐ DK ☐ NA

- ☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit

- ☐ ☐ ☐ ☐ Livestock or farm poultry

- ☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)

- ☐ Patient could not be interviewed
☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS / TREATMENT**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
☐ ☐ ☐ ☐ Employed as health care worker
☐ ☐ ☐ ☐ Employed in child care or preschool
☐ ☐ ☐ ☐ Attends child care or preschool
☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Hygiene education provided
☐ Restaurant inspection
☐ Child care inspection
☐ Investigation of raw milk dairy
☐ Work or child care restriction for household member
☐ Exclude from sensitive occupations (HCW, child, food) or situations (child care) until diarrhea ceases
☐ Initiate trace-back investigation
☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____ / ____ / ____

Local health jurisdiction _____